OMB No. 0607-0890: Approval Expires 9/30/2002

FORM **SBO-1**
(1-16-2002)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

2001 SURVEY OF BUSINESS OWNERS AND SELF-EMPLOYED PERSONS

We estimate that it will take 10 minutes or less to complete this questionnaire. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0725, Room 3110, Federal Building 3, U.S. Census Bureau, Washington, DC 20233-1500. You are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears at the top of this page.

DUE DATE:
30 days after receipt of form

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right.

Please mail to:

U.S. Department of Commerce
U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47134-0001

For assistance, 8:00 a.m. to 5:00 p.m., eastern time. Monday through Friday: ***1-888-225-4022.***

In correspondence pertaining to this report, please refer to this Census File Number (CFN)

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Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

The purpose of this survey is to collect statistics on businesses and their individual owners.
INSTRUCTIONS – Please complete the following questions for the self-employment activity or business activity named in the mailing label even if the business has been sold, reorganized, or discontinued.

Name of person completing this form

Telephone number *(Include Area Code)*
( )

1 In 2001, which of the following described the ownership of the business activity named in the mailing label? *Mark* ☒ *all that apply.*

- ☐ Alaska Native Regional or Village Corporation
- ☐ American Indian tribal entity
- ☐ Estate or trust
- ☐ Foreign-owned
- ☐ Membership/cooperative
- ☐ No owner(s)/nonprofit
- ☐ Owned by another organization
- ☐ Partnership
- ☐ Privately held corporation
- ☐ Publicly held corporation
- ☐ Sole proprietorship/self-employed
- ☐ Other – *Specify*

2 In 2001, did any individual own 10% or more of this business?

- ☐ Yes – *Continue with* **3**
- ☐ No – ***STOP. Please return this form in the enclosed envelope.***

3 (If Yes) For those individuals owning 10% or more of this business in 2001, please list the **position titles** of the **3** people owning the largest percentage of the business and the percentage each owned. *If 4 or more equal owners, select any 3.*

	Position Title of	Percentage
Owner 1:		%
Owner 2:		%
Owner 3:		%

4 In 2001, what was ***Owner 1's*** primary function(s) in this business? *Mark* ☒ *all that apply.*

- ☐ Producing this business's goods/services
- ☐ Managing day-to-day operations
- ☐ Advisor to this business
- ☐ Oversight activities/priority setting
- ☐ Marketing/sales
- ☐ Bookkeeping/accounting
- ☐ Financial support
- ☐ Other – *Specify*

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5 In 2001, what was the average number of hours per week that ***Owner 1*** spent managing or working in this business?

- ☐ None
- ☐ Less than 20 hours
- ☐ 20–39 hours
- ☐ 40 hours
- ☐ 41–49 hours
- ☐ 50–59 hours
- ☐ 60 hours or more

6 In 2001, did this business provide ***Owner 1's*** primary source of personal income?

☐ Yes ☐ No

7 In 2001, did ***Owner 1*** have a disability which prevented or limited work?

☐ Yes ☐ No

8 What is the sex of ***Owner 1*** ?

☐ Male ☐ Female

9 What was ***Owner 1's*** age as of December 31, 2001?

- ☐ Under 25
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65 or over

NOTE: Please answer BOTH questions 10 and 11.

10 Is ***Owner 1 Spanish/Hispanic/Latino?*** *If* ***not*** *Spanish/Hispanic/Latino, mark* ☒ *the* ***"No"*** *box.*

- ☐ No
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Other Spanish/Hispanic/Latino – *Specify*

11 What is ***Owner 1's*** race? ***Mark*** ☒ ***one or more races*** *to indicate what this person considers himself/herself to be.*

- ☐ White
- ☐ Black, African American, or Negro
- ☐ American Indian or Alaska Native – *Specify name of enrolled or principal tribe*
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian – *Specify race*
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander – *Specify race*

12 How much schooling had ***Owner 1*** completed before establishing, purchasing or acquiring this business? *Mark* ☒ *ONE box only for the highest level completed or degree received.*

- ☐ Less than high school graduate
- ☐ High school graduate – Diploma or GED
- ☐ Technical, trade, or vocational school
- ☐ Some college, but no degree
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's, Doctorate, or Professional Degree

13 Was there more than 1 owner listed in **3** on page 1?

☐ Yes ☐ No – *Go to* **33** *on page 4.*

14 In 2001, what was ***Owner 2's*** primary function(s) in this business? *Mark* ☒ *all that apply.*

- ☐ Producing this business's goods/services
- ☐ Managing day-to-day operations
- ☐ Advisor to this business
- ☐ Oversight activities/priority setting
- ☐ Marketing/sales
- ☐ Bookkeeping/accounting
- ☐ Financial support
- ☐ Other – *Specify*

15 In 2001, what was the average number of hours per week that ***Owner 2*** spent managing or working in this business?

- ☐ None
- ☐ Less than 20 hours
- ☐ 20–39 hours
- ☐ 40 hours
- ☐ 41–49 hours
- ☐ 50–59 hours
- ☐ 60 hours or more

16 In 2001, did this business provide ***Owner 2's*** primary source of personal income?

☐ Yes ☐ No

17 In 2001, did ***Owner 2*** have a disability which prevented or limited work?

☐ Yes ☐ No

18 What is the sex of ***Owner 2*** ?

☐ Male ☐ Female

19 What was ***Owner 2's*** age as of December 31, 2001?

- ☐ Under 25
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65 or over

NOTE: Please answer BOTH questions 20 and 21.

20 Is ***Owner 2 Spanish/Hispanic/Latino?*** *If **not** Spanish/Hispanic/Latino, mark ☒ the **"No"** box.*

- ☐ No
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Other Spanish/Hispanic/Latino – *Specify*

21 What is ***Owner 2's*** race? ***Mark ☒ one or more races*** *to indicate what this person considers himself/herself to be.*

- ☐ White
- ☐ Black, African American, or Negro
- ☐ American Indian or Alaska Native – *Specify name of enrolled or principal tribe*
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian – *Specify race*
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander – *Specify race*

22 How much schooling had ***Owner 2*** completed before establishing, purchasing or acquiring this business? *Mark ☒ ONE box only for the highest level completed or degree received.*

- ☐ Less than high school graduate
- ☐ High school graduate – Diploma or GED
- ☐ Technical, trade, or vocational school
- ☐ Some college, but no degree
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's, Doctorate, or Professional Degree

23 Were there more than 2 owners listed in **3** on page 1?

☐ Yes ☐ No – *Go to* **33** *on page 4.*

24 In 2001, what was ***Owner 3's*** primary function(s) in this business? *Mark ☒ all that apply.*

- ☐ Producing this business's goods/services
- ☐ Managing day-to-day operations
- ☐ Advisor to this business
- ☐ Oversight activities/priority setting
- ☐ Marketing/sales
- ☐ Bookkeeping/accounting
- ☐ Financial support
- ☐ Other – *Specify*

25 In 2001, what was the average number of hours per week that ***Owner 3*** spent managing or working in this business?

- ☐ None
- ☐ Less than 20 hours
- ☐ 20–39 hours
- ☐ 40 hours
- ☐ 41–49 hours
- ☐ 50–59 hours
- ☐ 60 hours or more

26 In 2001, did this business provide ***Owner 3's*** primary source of personal income?

☐ Yes ☐ No

27 In 2001, did ***Owner 3*** have a disability which prevented or limited work?

☐ Yes ☐ No

28 What is the sex of ***Owner 3*** ?

☐ Male ☐ Female

29 What was ***Owner 3's*** age as of December 31, 2001?

- ☐ Under 25
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65 or over

NOTE: Please answer BOTH questions 30 and 31.

30 Is ***Owner 3 Spanish/Hispanic/Latino?*** *If **not** Spanish/Hispanic/Latino, mark ☒ the **"No"** box.*

- ☐ No
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Other Spanish/Hispanic/Latino – *Specify*

31 What is ***Owner 3's*** race? ***Mark*** ☒ ***one or more races*** *to indicate what this person considers himself/herself to be.*

- ☐ White
- ☐ Black, African American, or Negro
- ☐ American Indian or Alaska Native – *Specify name of enrolled or principal tribe*
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian – *Specify race*
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander – *Specify race*

32 How much schooling had ***Owner 3*** completed before establishing, purchasing or acquiring this business? *Mark* ☒ *ONE box only for the highest level completed or degree received.*

- ☐ Less than high school graduate
- ☐ High school graduate – Diploma or GED
- ☐ Technical, trade, or vocational school
- ☐ Some college, but no degree
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's, Doctorate, or Professional Degree

Please answer the following questions about the self-employment activity or business activity named in the mailing label on page 1.

33 When did the owner(s) listed in **3** on page 1 originally establish, purchase or acquire this business? *If different years, select the earliest.*

☐ Before 1980	☐ 1997	☐ 2000
☐ 1980–1989	☐ 1998	☐ 2001
☐ 1990–1996	☐ 1999	

34 During 2001, was this business operated primarily from somebody's home?

☐ Yes ☐ No

35 During 2001, was this business owned exclusively by members of the same family? *(Family refers to spouses, parents/guardians, brothers, sisters, or close relatives.)*

☐ Yes ☐ No

36 During 2001, was this business operated as a franchise?

☐ Yes ☐ No

37 Which of the following types of customers accounted for 10% or more of this business's total sales of goods/services during 2001? *Mark* ☒ *all that apply.*

- ☐ Federal government
- ☐ State and local government (including school districts, transportation authorities, etc.)
- ☐ Export sales of goods/services
- ☐ Other businesses and/or organizations (excluding export sales)
- ☐ Household consumers and individual users (excluding export sales)
- ☐ All others – *Specify*

38 During 2001, were any of the following types of workers used by this business?

	Yes	No
Full- and part-time paid employees reported on this business's IRS Form 941	☐	☐
Paid day laborers	☐	☐
Temporary staffing obtained from a temporary help service	☐	☐
Leased employees from a leasing service or a professional employer organization	☐	☐
Contractors, subcontractors, independent contractors or outside consultants	☐	☐
Other – *Specify*	☐	☐

39 **a.** During 2001, did this business obtain financing for expansion, capital improvements, or start-up?

☐ Yes ☐ No

b. (If Yes) Which of the following sources were used to provide this financing? *Mark* ☒ *all that apply.*

- ☐ Business loan from Federal, State, or local government
- ☐ Government-guaranteed business loan from a bank or financial institution
- ☐ Business loan from a bank or financial institution
- ☐ Business credit card
- ☐ Other business loan – *Specify*
- ☐ Owner's personal/family savings
- ☐ Personal loan from family or friends
- ☐ Personal credit card
- ☐ Other personal loans – *Specify*

THANK YOU.
Please return this form in the enclosed envelope.

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